

## **BUILDING DIVISION**

200 S. Hamilton Road Gahanna, Ohio 43230 Phone: 614-342-4010 Fax: 614-342-4100 Building@Gahanna.gov www.gahanna.gov

	INTERNAL
Permit No	
Master No	
Received	

## MISCELLANEOUS PERMIT APPLICATION

TO REQUEST AN INSPECTION, CALL 614-342-4010 & PRESS 1, OR SCHEDULE ONLINE AT HTTPS://OHGA.ONLAMA.COM/

JOB SITE ADDRESS:	PARCEL ID NO(S).			
Estimated Cost of Entire Project:	Square Footage for Project Scope of Work:			
Occupancy Description: (reference <u>Use Group table</u> )	Type of Construction: (reference Construction Type table)			
DESCRIPTION/SCOPE OF WORK:				
PROPERTY OWNER Name:				
Property Owner Address:				
Property Owner E-mail:	Property Owner Phone No.:			
CONTRACTOR Name:				
Contractor Address:	Contractor Phone No.:			
Attach a Certificate of Liability Insurance with a minimum	Contractor E-mail:			
amount of \$500,000.				
REGISTERED DESIGN PROFESSIONAL Name:				
REGISTERED DESIGN PROPESSIONAL Name:	□architect □designer			
	□engineer □other:			
Registered Design Professional Address:	State License No.			
Registered Design Professional E-mail:	Registered Design Professional Phone No.:			
CERTIFICATION				
I certify that I am the property owner or the authorized agent representing the owner, and that the information on this application is complete and accurate to the best of my knowledge, and that the information contained on drawings and text are a true and accurate				
representation of the dimensions and facts applicable to this request, and that there are no deed restrictions that prohibit this work.				
Name:	Title:			
Signature:	Date:			

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X	This application is NOT a permit. No work may begin until a permit is issued.				
×	When each phase of work is complete, an inspection is required. To request inspection, call 614-342-4010 & press 1, or schedule online at https://ohga.onlama.com/				
X	4 sets of construction documents for commercial; 2 sets for residential to be submitted. If submitted with Master Permit Application, do not resubmit with this application.				
X	1 PDF digital copy of construction documents to be submitted. If submitted with Master Permit Application, <u>do not resubmit</u> with this application.				
	Check box if project includes use of an industrialized unit.				
	Check box if project includes use of an assembly of individually listed or labeled products.				
FEES	TYPE OF WORK (check all that apply)				
\$500	BLEACHERS (includes 3 inspections)				
\$300	00 MOVING STRUCTURE (includes 2 inspections)				
\$100	O SHORING OF BUILDINGS (includes 2 inspections)				
\$	SOLAR ENERGY SYSTEM (May also require and electrical permit)				
	□residential - \$100 (includes 1 inspection)				
	□commercial/multi-family (4 or more units) - \$500 (includes 2 inspections)				
\$250	WAREHOUSE RACKING (includes 1 inspection) (May also require a fire sprinkler permit)				
\$150	50 ADDITIONAL INSPECTIONS: no. of additional inspections purchased (only the specified		urchased (only the specified		
	included number of inspections are allotted with the permit; all additional inspections must be purchased prior to scheduling inspections.) NOTE: there will be no refunds for unused inspections.				
\$		TOTAL FEES - payment due at time permit is issued; includes BBS fees.	INTERNAL USE: PAID		
		reference: Building & Zoning Fee Schedule	PAYMENT:		
			RECD. BY/DATE:		
X	If scope of work is determined to be more extensive than represented on this application, additional fees may be required.				

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